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|--|--|--|--|--|--|--|--|--|

MOTHER

AND

HOME

All answers are confidential

THANK YOU FOR YOUR HELP

17/08/98

This questionnaire is for the study child's mother or person taking the role of mother.

To answer simply tick the box which is most accurate in your opinion.

Some questions are the same as those you have answered before. This is so that we can tell what changes have happened to you.

Please answer all questions that you can. If you do not want to answer a question or if it does not apply to you, put a line through it. There are no good or bad answers. Just tell us what you really think.

SECTION A: ACCIDENTS AND INJURIES

A1. Have **you** had any accidents of the following types in the last seven years (since your study child was born)?

[If you had more than 1 of the same type of accident, answer for the most serious]

| | Yes & stayed in hospital | Yes & saw a doctor | Yes, but did not see a doctor | No, never happened |
|---|--------------------------------|--------------------------|--|-----------------------|
| a) Road traffic accident | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| b) Playing sport or games | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| c) At your place of work | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| d) Inside your home | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| e) Outside your home (e.g. in garden) | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| f) At another building | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| g) During a fight or argument | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| h) You were attacked | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| i) Other type of accident (please tick & describe) | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |

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A2. Have **you** had any of the following injuries in the last seven years (since your study child was born)?

| | Yes & stayed in hospital | Yes & saw a doctor | Yes, but did not see a doctor | No, never happened |
|--|---|---------------------------------------|--|-------------------------------|
| You were: | | | | |
| a) burnt | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| b) scalded | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| c) badly cut | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| d) stabbed | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| e) shot | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| f) nearly drowned | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| You had a: | | | | |
| g) dislocated hip, shoulder, knee, etc. | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| h) broken arm or hand | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| i) broken leg or foot | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| j) sexual assault | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| k) overdose of pills or medicine | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| l) overdose of something else (please tick & describe) | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |

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A2. (cont.)

| | | Yes & stayed in hospital | Yes & saw a doctor | Yes, but did not see a doctor | No, never happened ↓ |
|-------------------|--|--------------------------------|-------------------------------|--|-------------------------------|
| You had a: | | | | | |
| m) | concussion | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| n) | other injury (please tick & describe) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

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If 'no' to all of these, go to B1 on page 7

A3. What physical problems did you have as a result of any of these accidents?
(please tick all that apply)

| | | Yes & still present | Yes but no longer present | No did not happen ↓ |
|-----------------------------|---|-------------------------------|---------------------------------|-------------------------------|
| Results of accident: | | | | |
| a) | pain | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b) | reduction in movement | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c) | a facial scar or defect | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d) | less able to see or hear | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e) | inability to work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f) | other physical result (please tick & describe) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

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A4. What emotional problems did you have as a result of any of these accidents? (please tick all that apply)

| Results of accident: | Yes & still present | Yes but no longer present | No did not happen |
|---|--------------------------------|----------------------------------|----------------------------|
| a) loss of self confidence | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b) feeling of depression | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c) very tense | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d) unable to sleep well | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e) loss of appetite | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f) something else (please tick & describe) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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A5. What other consequences of any of these accidents were there?

| Results of accident: | Yes & still present | Yes but no longer present | No did not happen |
|--|--------------------------------|----------------------------------|----------------------------|
| a) cost money | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b) lost job | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c) less earnings | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d) problems at work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e) problems with partner or the family | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f) problems with friends | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g) other problem (please tick & describe) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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SECTION B: YOUR HOME

Below are a number of questions about your home. They are similar to some you answered 2 years ago, and will be used to see how your circumstances might have changed.

| | | month | year | | | | | | | |
|-----|----|---|--|--|--|--|--|--|--|--|
| B1. | a) | When did you move to your present address? | <table><tr><td></td><td></td></tr></table> | | | <table><tr><td></td><td></td><td></td><td></td></tr></table> | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | b) | How many times have you moved home since your study child was 5 years old ? | <table><tr><td></td><td></td></tr></table> | | | | | | | |
| | | | | | | | | | | |

B2. Is your home:

| | | |
|--|------------------------------------|---|
| being bought/mortgaged | <table><tr><td>0</td></tr></table> | 0 |
| 0 | | |
| being bought from council | <table><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| owned - with no mortgage to pay | <table><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| rented from council | <table><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| rented from private landlord - furnished | <table><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| rented from private landlord - unfurnished | <table><tr><td>5</td></tr></table> | 5 |
| 5 | | |
| rented from housing association | <table><tr><td>6</td></tr></table> | 6 |
| 6 | | |
| other (please tick & describe) | <table><tr><td>7</td></tr></table> | 7 |
| 7 | | |

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B3. Do you live in your own home or do you live with your parents or others?

| | | |
|--|------------------------------------|---|
| live in own home | <table><tr><td>1</td></tr></table> | 1 |
| 1 | | |
| live in partner's home | <table><tr><td>2</td></tr></table> | 2 |
| 2 | | |
| live with your parents in their home | <table><tr><td>3</td></tr></table> | 3 |
| 3 | | |
| live with your partner's parents in their home | <table><tr><td>4</td></tr></table> | 4 |
| 4 | | |
| other situation (please tick & describe) | <table><tr><td>5</td></tr></table> | 5 |
| 5 | | |

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B4. Do you currently live in:

| | |
|--------------------------------------|--------------|
| a whole detached house (or bungalow) | <div>1</div> |
| a whole semi-detached house/bungalow | <div>2</div> |
| an end of terrace house | <div>3</div> |
| a whole terraced house | <div>4</div> |
| a flat/maisonette (self contained) | <div>5</div> |
| room in someone else's house | <div>6</div> |
| other (please tick & describe) | <div>7</div> |

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B5. What is the lowest level of your living accommodation:

| | |
|-------------------------------------|-------------------------|
| basement | <div>78</div> |
| ground floor | <div>00</div> |
| 1st floor | <div>01</div> |
| 2nd floor or above, give floor..... | <div></div> <div></div> |

B6. In the coldest time of year, describe the temperature in your:

| | | Very warm | Warm | About right | Cold | Very cold |
|---|--------------|----------------------|--------------|------------------------|--------------|----------------------|
| a) living rooms | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | |
| b) the room where the study child sleeps | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | |

B7. Does your home have the following?

| | Yes sole use | Yes shared with other household(s) | No ↓ |
|--|------------------------|--|------------------------|
| a) kitchen where there is space to sit and eat | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| b) kitchen for cooking only | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| c) indoor flushing toilet | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |

B8. Apart from the kitchen, how many rooms do you have for living and/or sleeping ?

B9. Do you have sole use of the following amenities or are they shared with other household(s)?

| | Yes sole use | Yes shared | No, don't have at all |
|----------------------|------------------------|------------------------|--------------------------|
| a) running hot water | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| b) bath | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| c) shower | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| d) garden or yard | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| e) balcony | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |

B10. a) Is there a working telephone in your home?

| | | | | | |
|---------------------------------|------------------------|----------------------------------|--|----------------------------|------------------------|
| No | 1 <input type="text"/> | Yes, but for incoming calls only | 2 <input type="text"/> | Yes, a fully working phone | 3 <input type="text"/> |
| | | | | | |
| please go to B10b on page 10 | | | If <u>yes</u> , go to B11a on page 10 | | |

If no,

B10. b) where is the nearest working telephone that you can use in an emergency?

| | |
|--------------------------------|----------------------|
| pay phone in the building | <input type="text"/> |
| pay phone in the street | <input type="text"/> |
| neighbour's phone | <input type="text"/> |
| none within 5 minutes walk | <input type="text"/> |
| other (please tick & describe) | <input type="text"/> |

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B11. a) Do you have a mobile phone (i.e. one that can be used far from home)?

| | | | | |
|-----|----------------------|----|----------------------|---------------------------|
| Yes | <input type="text"/> | No | <input type="text"/> | → Go to B12a below |
|-----|----------------------|----|----------------------|---------------------------|

If yes, b) how often do you use it?

| | |
|-----------------------|----------------------|
| at least once a day | <input type="text"/> |
| 4-6 times a week | <input type="text"/> |
| 1-3 times a week | <input type="text"/> |
| less than once a week | <input type="text"/> |

B12. a) Is there ever any damp, condensation or mould in your home?

| | | | | |
|-----|----------------------|----|----------------------|--|
| Yes | <input type="text"/> | No | <input type="text"/> | → If <u>no</u>, go to B13a on page 11 |
|-----|----------------------|----|----------------------|--|

If yes,

b) How much of a problem is damp or condensation?

| | |
|-------------------------|----------------------|
| no damp or condensation | <input type="text"/> |
| not serious | <input type="text"/> |
| fairly serious | <input type="text"/> |
| very serious | <input type="text"/> |

B12. c) How much of a problem is mould?

| | |
|----------------|--------------------------------|
| no mould | <input type="text" value="1"/> |
| not serious | <input type="text" value="2"/> |
| fairly serious | <input type="text" value="3"/> |
| very serious | <input type="text" value="4"/> |

B13. a) Does your roof leak at all? (If you have another flat above yours, please tick 'does not apply')

| | |
|-------------------|--------------------------------|
| does not apply | <input type="text" value="7"/> |
| no leak | <input type="text" value="1"/> |
| yes, slight leak | <input type="text" value="2"/> |
| yes, serious leak | <input type="text" value="3"/> |

b) In wet weather, does water get in from anywhere else, such as through badly fitting windows or doors?

| | |
|--------------------|--------------------------------|
| no leaks | <input type="text" value="1"/> |
| yes, slight leaks | <input type="text" value="2"/> |
| yes, serious leaks | <input type="text" value="3"/> |

B14. Taking everything into account, which of the following best describes your feeling about your home?

| | |
|-------------------|--------------------------------|
| satisfied | <input type="text" value="1"/> |
| fairly satisfied | <input type="text" value="2"/> |
| dissatisfied | <input type="text" value="3"/> |
| very dissatisfied | <input type="text" value="4"/> |

B15. In the past year have you done any of the following:

| | Yes, in own home | Yes, elsewhere | No, not at all |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|
| a) sanded floors | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| b) stripped wallpaper | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| c) removed paint or varnish | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

B16. **In the past year** have any of the following rooms been decorated or had any brand new furniture?

| a) Your bedroom: | Yes | No | Don't know |
|---|--------------------------------|--------------------------------|--------------------------------|
| i) painted | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| ii) wallpapered | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| iii) <u>new</u> carpet | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| iv) <u>new</u> furniture | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| b) Your living room: | | | |
| i) painted | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| ii) wallpapered | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| iii) <u>new</u> carpet | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| iv) <u>new</u> furniture | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| c) The room the study child sleeps in: | | | |
| i) painted | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| ii) wallpapered | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| iii) <u>new</u> carpet | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| iv) <u>new</u> furniture | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |

| B16. d) | Any other rooms: | Yes | No | Don't know |
|---------|----------------------|--------------------------------|--------------------------------|--------------------------------|
| i) | painted | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| ii) | wallpapered | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| iii) | <u>new</u> carpet | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |
| iv) | <u>new</u> furniture | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="9"/> |

which room (s)?.....

B17. How would you rate your home in relation to that of other homes with children?

| | | |
|----|-----------------|--------------------------------|
| a) | much cleaner | <input type="text" value="1"/> |
| | a bit cleaner | <input type="text" value="2"/> |
| | about the same | <input type="text" value="3"/> |
| | less clean | <input type="text" value="4"/> |
| | much less clean | <input type="text" value="5"/> |
| | don't know | <input type="text" value="9"/> |
| b) | much tidier | <input type="text" value="1"/> |
| | a bit tidier | <input type="text" value="2"/> |
| | about the same | <input type="text" value="3"/> |
| | less tidy | <input type="text" value="4"/> |
| | much less tidy | <input type="text" value="5"/> |
| | don't know | <input type="text" value="9"/> |

B18. Here is a list of some things that can be a problem in people's homes or in the neighbourhood. How much of a problem are the following for you and your family?

| | Serious problem | Minor problem | Not a problem | No opinion |
|---|----------------------------|--------------------------|--------------------------|------------------------|
| a) Badly fitted doors and windows | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| b) Poor ventilation | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| c) Noise travelling between the rooms of your home | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| d) Noise from other homes | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| e) Noise from outside in the street | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| f) Rubbish or litter dumped around your neighbourhood | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| g) Dog dirt on pavement/walkways | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| h) Worry about vandalism | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| i) Worry about burglaries | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| j) Worry about muggings or attacks | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| k) Disturbance from teenagers or youths | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| l) Other problems (please tick & describe) | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |

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B19. Do you have a rule that smoking never happens in particular rooms?

| | |
|------------------------------------|--------------------------------|
| no smoking in the house at all | <input type="text" value="1"/> |
| smoking only allowed in some rooms | <input type="text" value="2"/> |
| smoking allowed anywhere | <input type="text" value="3"/> |

B20. a) Do the other people in your neighbourhood:

| | No, never | Rarely | Some- times | Often | Always |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| i) visit your home | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| ii) argue with you | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| iii) look after your children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| iv) keep to themselves | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |

b) Do you:

| | No, never | Rarely | Some- times | Often | Always |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| i) visit the home of your neighbours | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| ii) argue with your neighbours | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| iii) look after your neighbour's children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| iv) keep to yourself | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |

B21. What do you think of your neighbourhood as a place to live?

| | |
|---------------------------------|--------------------------------|
| a very good place to live | <input type="text" value="1"/> |
| a fairly good place to live | <input type="text" value="2"/> |
| not a very good place to live | <input type="text" value="3"/> |
| not at all a good place to live | <input type="text" value="4"/> |

B22. How heavy is the traffic on the street where you live?

| | |
|--------------------|--------------------------|
| very heavy | <input type="checkbox"/> |
| quite heavy | <input type="checkbox"/> |
| not very heavy | <input type="checkbox"/> |
| hardly any traffic | <input type="checkbox"/> |

B23. To heat your home in winter what methods do you mainly use?
(Please tick all boxes that apply)

| | (i) In main living room | (ii) In study child's bedroom | (iii) In other rooms |
|--|-------------------------------|-------------------------------------|----------------------------|
| a) central heating or storage heaters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) wood stoves or wood fires | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) coal fires | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) paraffin heaters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) gas fires (mains gas) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) gas fires (bottled gas) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) other type of heating (please tick & describe) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| h) no heating in this room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B24. If your home is centrally heated in winter, please describe:

a) type:

| | | | | |
|--------------------------------|----------------------|--------------------|----------------------|-------------------|
| solid fuel | <input type="text"/> | no central heating | <input type="text"/> | → Go to B25 below |
| oil | <input type="text"/> | | | |
| gas | <input type="text"/> | | | |
| electricity | <input type="text"/> | | | |
| other (please tick & describe) | <input type="text"/> | | | |

b) How is heating distributed?

| | | | | | |
|---------------------|----------------------|----------|----------------------|-----------------|----------------------|
| Radiators | <input type="text"/> | warm air | <input type="text"/> | storage heaters | <input type="text"/> |
| under floor heating | <input type="text"/> | other | <input type="text"/> | please describe | |

c) Where is the boiler?

| | | | | | |
|--------------------------------|----------------------|-------------|----------------------|-----------|----------------------|
| kitchen | <input type="text"/> | living room | <input type="text"/> | no boiler | <input type="text"/> |
| other (please tick & describe) | <input type="text"/> | | | | |

B25. Do you use gas for cooking?

| | |
|---------------------|----------------------|
| Yes, ring(s) only | <input type="text"/> |
| yes, oven only | <input type="text"/> |
| yes, rings and oven | <input type="text"/> |
| no, not at all | <input type="text"/> |

B26. When you are cooking, how often do you get rid of the smells and steam using the following:

| | Usually | Sometimes | Not at all | I never cook |
|--|--------------------------------|--------------------------------|--------------------------------|--|
| a) open windows | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="7"/> |
| b) ventaxia/air extractor | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <p>↓</p> <p>Go to B27 below</p> |
| c) extractor hood which vents to outside | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | |
| d) extractor hood that doesn't vent to outside | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | |
| e) other (please tick and describe) | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | |
| | | | | |

B27. How often do you have any windows open in your home:

| | Windows almost always open ↓ | Windows open only when weather is good | Windows open occasionally ↓ | Windows almost never open |
|-----------------------------|---------------------------------|--|--------------------------------|--------------------------------|
| a) In <u>summer</u>: | | | | |
| i) day | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| ii) night | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| b) In <u>winter</u>: | | | | |
| i) day | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| ii) night | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |

c) Are any of your windows double glazed? (including secondary double glazing)

| | | | |
|------------------|--------------------------------|-------------------|--------------------------------|
| yes, all of them | <input type="text" value="1"/> | yes, some of them | <input type="text" value="2"/> |
| no, none of them | <input type="text" value="3"/> | don't know | <input type="text" value="9"/> |

B27. d) Does your home have chimneys?

Yes No

e) If yes, have they been blocked up?

yes, all of them yes, some of them
no don't know

B28. Do you use a thermometer or thermostat to help keep the temperature at the level you want in winter?

a) In main living room:

thermostat on room thermostat room thermometer
radiators
none of these other (please describe)

b) In your study child's bedroom:

thermostat on room thermostat room thermometer
radiators
none of these other (please describe)

c) What temperature do you try to maintain in winter? (If you don't try to maintain any particular temperature put 87)

(i) in living rooms
(ii) in room where your day night
study child sleeps

SECTION C: YOUR HOUSEHOLD

(By household we mean people living with you in your house or flat)

C1. a) How many people live in your household nowadays? (**including yourself and anyone who is away at school or as part of their work**)

- i) adults (over 18 years)
- ii) young adults (16-18 years)
- iii) children (less than 16 years)

b) Please indicate who the adults over 18 are.

| | Yes | No |
|---|----------------------|----------------------|
| i) yourself | <input type="text"/> | <input type="text"/> |
| ii) your partner | <input type="text"/> | <input type="text"/> |
| iii) your parent(s) | <input type="text"/> | <input type="text"/> |
| iv) your partner's parent(s) | <input type="text"/> | <input type="text"/> |
| v) your children (aged over 18) | <input type="text"/> | <input type="text"/> |
| vi) children of your partner (aged over 18) | <input type="text"/> | <input type="text"/> |
| vii) other relation(s) of yourself | <input type="text"/> | <input type="text"/> |
| viii) other relation(s) of your partner | <input type="text"/> | <input type="text"/> |
| ix) friend(s) | <input type="text"/> | <input type="text"/> |
| x) lodger | <input type="text"/> | <input type="text"/> |
| xi) other (please tick & describe) | <input type="text"/> | <input type="text"/> |

.....

C2. How many people living in your household (**including yourself**) are smokers ?

C3. a) What is your present marital status?

never married

1

widowed

2

divorced

3

separated

4

married (once only)

5

married for second time

6

married for third time

7

b) If married, what was the date of your most recent marriage?

C4. a) Is the present live-in father-figure the natural father of the study child?

Yes

No

No live-in father-figure

Don't know

If yes, or don't know go to C4c on page 22

If no, or no live-in father-figure,

b) i) how old was the child when the natural father stopped living with the child?

years

months

(put 0 00 for from birth or before birth)

ii) how often does the natural father see the study child?

not at all

1

less than once a month

2

about once a month

3

about once a fortnight

4

once or twice a week

5

nearly every day

6

child's father is dead

7

↓
go to C4c
on page 22

C4. b) iii) does he help support the child financially?

yes, on a regular basis

yes, occasionally

no

c) Is the present live-in mother figure the biological (natural) mother of the study child?

Yes

No

If yes, go to C5 on page 23

If no,

i) how old was the child when the natural mother stopped living with the child?

years

months

(If from birth, write 0 00)

ii) how often does the natural mother see the study child?

not at all

less than once a month

about once a month

about once a fortnight

once or twice a week

nearly every day

child's mother
is dead

↓
go to C5
on page 23

iii) does she help support the child financially?

yes, on a regular basis

yes, occasionally

no

C5. Please indicate how many of the children living with you have:

| | Number of children |
|--|---|
| a) you and your present partner as their natural parents | <input type="text"/> <input type="text"/> |
| b) you as their natural mother (but their natural father is not present) | <input type="text"/> <input type="text"/> |
| c) your partner as the natural father (but you are not their natural mother) | <input type="text"/> <input type="text"/> |
| d) neither you nor your partner as natural parents (please describe whether you have adopted, fostered etc.) | <input type="text"/> <input type="text"/> |

.....

C6. Are there other children of yourself or your partner who visit (whether to play or to stay)?

| | No | Yes | Number of children |
|--|---------------------------|---------------------------|---|
| a) children of my partner but not me | <input type="text"/> 1 | <input type="text"/> 2 | → <input type="text"/> <input type="text"/> |
| b) children of myself but not my partner | <input type="text"/> 1 | <input type="text"/> 2 | → <input type="text"/> <input type="text"/> |
| c) children of me and my partner | <input type="text"/> 1 | <input type="text"/> 2 | → <input type="text"/> <input type="text"/> |

C7. The following questions will help us understand how complex the families in the study often are.

a) Are you currently married or living with a partner?

Yes
1

No
2

→ **If no, go to C7d on page 24**

If yes,

b) how many children have the pair of you had together? children

C7. c) Please list for each of these children.

| | Date of birth | | | | Currently living with you? | | | |
|-------|----------------------|----------------------|-------------------------|----------------------|----------------------------|----------------------|----------------------|----------------------|
| | Month | Day | Year | Month | Day | Year | Yes | No |
| (i) | <input type="text"/> | <input type="text"/> | 19 <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (ii) | <input type="text"/> | <input type="text"/> | 19 <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (iii) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (iv) | <input type="text"/> | <input type="text"/> | 19 <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

d) Not including your present relationship (if any) how many live-in relationships have you had?

If none go to C7f on page 25

e) Not including your present relationship, if you have had other live-in relationships please list for the 3 most recent:

| | Most recent | | 2 nd most recent | | 3 rd most recent | |
|--|----------------------|----------------------|-----------------------------|----------------------|-----------------------------|----------------------|
| | Month | Year | Month | Year | Month | Year |
| (i) date married/ moved in together | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (ii) date parted | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (iii) how many children did you have together | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (iv) give date of birth of each child A) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| C) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you have had more than 4 children, please give extra details on a separate sheet.

(v) how many of these children live with you now? | |

C7. f) Do you have children from any other relationships?

Yes No → If no, go to C7g below

If yes, please list:

| | Dates of birth | | | | Currently living with you | |
|-------|----------------------|----------------------|----------------------|---|--------------------------------|--------------------------------|
| | | | | | Yes | No |
| (i) | <input type="text"/> | <input type="text"/> | <input type="text"/> | → | <input type="text" value="1"/> | <input type="text" value="2"/> |
| (ii) | <input type="text"/> | <input type="text"/> | <input type="text"/> | → | <input type="text" value="1"/> | <input type="text" value="2"/> |
| (iii) | <input type="text"/> | <input type="text"/> | <input type="text"/> | → | <input type="text" value="1"/> | <input type="text" value="2"/> |
| (iv) | <input type="text"/> | <input type="text"/> | <input type="text"/> | → | <input type="text" value="1"/> | <input type="text" value="2"/> |

g) Are there children from any of your current partner's previous relationship(s) who live with you?

Yes No No current partner

↓

go to C8 on page 26

If yes, please list:

| | Dates of birth | | | | Currently living with you | |
|-------|----------------------|----------------------|----------------------|---|--------------------------------|--------------------------------|
| | | | | | Yes | No |
| (i) | <input type="text"/> | <input type="text"/> | <input type="text"/> | → | <input type="text" value="1"/> | <input type="text" value="2"/> |
| (ii) | <input type="text"/> | <input type="text"/> | <input type="text"/> | → | <input type="text" value="1"/> | <input type="text" value="2"/> |
| (iii) | <input type="text"/> | <input type="text"/> | <input type="text"/> | → | <input type="text" value="1"/> | <input type="text" value="2"/> |
| (iv) | <input type="text"/> | <input type="text"/> | <input type="text"/> | → | <input type="text" value="1"/> | <input type="text" value="2"/> |

C8. Here are some questions about your sexuality. Do not answer these questions if you find them too personal.

a) Since the birth of your study child have your partners been:

only male

mostly female

mostly male

only female

both male and female

no partner

b) How would you describe your sexuality?

heterosexual

bisexual

lesbian/homosexual

c) Are you currently living with a partner?

yes, a male partner

yes, multiple partners

yes, a female partner

not living with a partner

d) Since the birth of your study child, have you lived with:

male partners only

female partner(s) only

male & female partner(s)

not lived with a partner

C9. Now some questions about the children living in your household:

a) How many are older than the study child?

If **none**, go to C18
on page 34

If one or more older children,

C9. b) which of these is the nearest in age to your study child?

(If the next oldest are twins put the first born's name)

Name

Date of birth

..... 19

C10. How does your 7 year old study child react to this older child named above?
(If your study child is a twin, answer for the **oldest/first** born)

| My 7 year old: | Frequently | Sometimes | Rarely or never | |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| a) Likes to be with this older child | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | |
| b) Quarrels with this older child | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | Never parted ↓ |
| c) Is upset if parted from this older child | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | <div>7<input type="text"/></div> |
| d) Is unhappy/jealous if you do things just with this older child | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | |
| e) Wants to play with this older child | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | |
| f) Is not much interested in this older child | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | No partner ↓ |
| g) Is unhappy/jealous if your partner does things just with this older child | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | <div>7<input type="text"/></div> |
| | | | | Always there ↓ |
| h) Misses this older child when not there | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | <div>7<input type="text"/></div> |
| i) Has a lot of fun with this older child | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | |
| j) Teases/needles this older child | <div>1<input type="text"/></div> | <div>2<input type="text"/></div> | <div>3<input type="text"/></div> | |

Remember: if you are answering for twins, always answer for the older of the two only.

C11. Now some questions about how this older child reacts to the study child.

| This older child: | Frequently | Sometimes | Rarely or never | |
|--|------------------------|------------------------|----------------------------|--|
| a) Likes to be with the study child | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | |
| b) Quarrels with the study child | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | Never parted ↓ |
| c) Is upset if parted from the study child | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 7 <input type="text"/> |
| d) Is unhappy/jealous if you do things just with the study child | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | |
| e) Wants to play with the study child | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | |
| f) Is not much interested in the study child | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | |
| g) Is unhappy/jealous if your partner does things just with the study child | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | No partner ↓ 7 <input type="text"/> |
| h) Misses the 7 year old study child when not there | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | Always there ↓ 7 <input type="text"/> |
| i) Has a lot of fun with the 7 year old study child | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | |
| j) Teases/needles the study child | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | |

C12. The following statements apply to some children. Think about this older child's behaviour over the last six months.

| This older child: | Doesn't apply | Applies somewhat | Certainly applies |
|--|--------------------------|-----------------------------|------------------------------|
| a) Is considerate of other people's feelings | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| b) Is restless, overactive, cannot stay still for long | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| c) Often complains of headaches, stomach-aches or sickness | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| d) Shares readily with other children (treats, toys, pencils, etc.) | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |

C12.

This older child:

| | Doesn't apply | Applies somewhat | Certainly applies |
|--|--------------------------------|--------------------------------|--------------------------------|
| e) Often has temper tantrums or hot tempers | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| f) Is rather solitary, tends to play alone | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| g) Is generally obedient, usually does what adults request | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| h) Has many worries, often seems worried | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| i) Is helpful if someone is hurt, upset or feeling ill | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| j) Is constantly fidgeting or squirming | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| k) Has at least one good friend | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| l) Often fights with other children or bullies them | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| m) Is often unhappy, downhearted or tearful | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| n) Is generally liked by other children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| o) Is easily distracted, concentration wanders | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| p) Is nervous or clingy in new situations, easily loses confidence | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| q) Is kind to younger children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| r) Often lies or cheats | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| s) Is picked on or bullied by other children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

| C12. This older child: | Doesn't apply | Applies somewhat | Certainly applies |
|---|--------------------------------|--------------------------------|--------------------------------|
| t) Often volunteers to help others (parents, teachers, other children) | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| u) Thinks things out before acting | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| v) Steals from home, school or elsewhere | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| w) Gets on better with adults than with other children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| x) Has many fears, is easily scared | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| y) Sees tasks through to the end, has good attention span | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

C13. a) Does this older child live all or most of the time in your household?

No Yes → If yes, go to C14a below

If no,

b) How many days in a month does this older child spend in your household? days

C14. a) Does this older child have both you and your partner as his/her natural (biological) parents?

No have no partner Yes → If yes, go to C16 on page 32

b) If no, or no partner:

Does this older child have (please tick):

you as the natural mother (but his/her natural father is not present) → answer (c) on page 31 and then go from (e) onwards

your partner as the natural father (but his/her natural mother not present) → answer from (d) onwards on page 31

neither of his/her natural parents present → answer all on page 31

C14. c) How often do you or your partner talk to the child's natural father about this older child?

| | | | |
|----------------------|--------------------------------|------------------------|--------------------------------|
| once a month or more | <input type="text" value="1"/> | less than once a month | <input type="text" value="2"/> |
| once a year or less | <input type="text" value="3"/> | never | <input type="text" value="4"/> |
| don't know | <input type="text" value="9"/> | natural father is dead | <input type="text" value="7"/> |

d) How often do you or your partner talk to this older child's natural mother about the child?

| | | | |
|----------------------|--------------------------------|------------------------|--------------------------------|
| once a month or more | <input type="text" value="1"/> | less than once a month | <input type="text" value="2"/> |
| once a year or less | <input type="text" value="3"/> | never | <input type="text" value="4"/> |
| don't know | <input type="text" value="9"/> | natural mother is dead | <input type="text" value="7"/> |

e) What are your relations with this older child's other parent(s)? Please reply only for the absent natural parent(s).

| | (i) natural mother | (ii) natural father |
|-----------------------------|--------------------------------|--------------------------------|
| generally warm and friendly | <input type="text" value="1"/> | <input type="text" value="1"/> |
| sometimes friendly | <input type="text" value="2"/> | <input type="text" value="2"/> |
| polite | <input type="text" value="3"/> | <input type="text" value="3"/> |
| distant | <input type="text" value="4"/> | <input type="text" value="4"/> |
| usually unfriendly | <input type="text" value="5"/> | <input type="text" value="5"/> |
| no relationship | <input type="text" value="6"/> | <input type="text" value="6"/> |
| parent dead | <input type="text" value="7"/> | <input type="text" value="7"/> |

f) How many days a month (on average) does this older child see his/her natural parent(s)?
(Answer only for absent natural parent[s])

| | | | | | | | |
|---------------------------------|--------------------------------|------------------------|------|---------------------|----------------------|----------------------|------|
| (i) natural mother | <input type="text"/> | <input type="text"/> | days | (ii) natural father | <input type="text"/> | <input type="text"/> | days |
| (iii) both natural parents dead | <input type="text" value="7"/> | → go to C16 on page 32 | | | | | |

This older child and the other natural parent(s)

C15. Below are some statements about the older child's relationships with his/her natural parent(s). Please indicate how you think these apply in your situation. (If the relevant natural parent is dead **go on to C16 below**)

| | (i) Natural mother | | | (ii) Natural father | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | Yes ↓ | No ↓ | Can't say | Yes ↓ | No ↓ | Can't say |
| a) The natural parent really loves this child | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| b) The natural parent often gets very irritated with this child | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| c) The natural parent dislikes the mess and noise that surrounds this child | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| d) This older child makes the natural parent pretty happy | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| e) The natural parent has frequent battles of will with this child | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| f) This older child is very affectionate to the natural parent | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| g) This older child gets on the natural parent's nerves | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| h) The natural parent seems to feel very close to this child | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

This older child and your partner:

C16. Below are some statements about your partner's relationships with children. Please indicate if you think these apply to your partner and the older child.

| | Yes | No | Have no partner |
|---|--------------------------------|--------------------------------|--|
| a) My partner really loves this child | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="7"/> → go to C17 on page 33 |
| b) My partner often gets very irritated with this child | <input type="text" value="1"/> | <input type="text" value="2"/> | |
| c) My partner dislikes the mess and noise that surrounds this child | <input type="text" value="1"/> | <input type="text" value="2"/> | |

| | Yes | No |
|--|--------------|--------------|
| C16. d) This older child makes my partner pretty happy | <div>1</div> | <div>2</div> |
| e) My partner has frequent battles of will with this child | <div>1</div> | <div>2</div> |
| f) This older child is very affectionate to my partner | <div>1</div> | <div>2</div> |
| g) This older child gets on my partner's nerves | <div>1</div> | <div>2</div> |
| h) My partner seems to feel very close to this child | <div>1</div> | <div>2</div> |

You and this older child:

C17. Below are some statements about relationships with children. Please indicate if you think these apply to you and this older child

| | Yes | No |
|---|--------------|--------------|
| a) I really love this child | <div>1</div> | <div>2</div> |
| b) I often get very irritated with this child | <div>1</div> | <div>2</div> |
| c) I dislike the mess and noise that surrounds this child | <div>1</div> | <div>2</div> |
| d) This older child makes me pretty happy | <div>1</div> | <div>2</div> |
| e) I have frequent battles of will with this child | <div>1</div> | <div>2</div> |
| f) This older child is very affectionate to me | <div>1</div> | <div>2</div> |
| g) This older child gets on my nerves | <div>1</div> | <div>2</div> |
| h) I feel very close to this child | <div>1</div> | <div>2</div> |

Now we are coming back to your 7 year old study child:

C18. Below are some statements about relationships with children. Please indicate how you think these apply in your situation.

| | Yes | No |
|---|--------------|--------------|
| Your 7 year old study child: | | |
| a) I really love this child | <div>1</div> | <div>2</div> |
| b) I often get very irritated with this child | <div>1</div> | <div>2</div> |
| c) I dislike the mess and noise that surrounds this child | <div>1</div> | <div>2</div> |
| d) This child makes me pretty happy | <div>1</div> | <div>2</div> |
| e) I have frequent battles of will with this child | <div>1</div> | <div>2</div> |
| f) This child is very affectionate to me | <div>1</div> | <div>2</div> |
| g) This child gets on my nerves | <div>1</div> | <div>2</div> |
| h) I feel very close to this child | <div>1</div> | <div>2</div> |

Your partner and your study child:

C19. Below are some statements about your partner's relationships with children. Please indicate how you think these apply in your situation.

| | Yes | No | Have no partner |
|---|--------------|--------------|-------------------------------------|
| The 7 year old study child: | | | |
| a) My partner really loves this child | <div>1</div> | <div>2</div> | <div>7</div> → go to C20 on page 35 |
| b) My partner often gets very irritated with this child | <div>1</div> | <div>2</div> | |
| c) My partner dislikes the mess and noise that surrounds this child | <div>1</div> | <div>2</div> | |
| d) This child makes my partner pretty happy | <div>1</div> | <div>2</div> | |
| e) My partner has frequent battles of will with this child | <div>1</div> | <div>2</div> | |
| f) This child is very affectionate to my partner | <div>1</div> | <div>2</div> | |
| g) This child gets on my partner's nerves | <div>1</div> | <div>2</div> | |
| h) My partner seems to feel very close to this child | <div>1</div> | <div>2</div> | |

C20. Do any of the people living in your household, including yourself and your study child, have a chronic illness or disabling condition?

Yes No → If **no**, go to C21a below

If **yes**, please describe:

| <u>Nature of condition(s)</u> | <u>Person(s) involved</u> |
|-------------------------------|--|
| | (state relationship to you - partner, child, mother, etc.) |
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |

C21. a) Do you have any pets?

Yes No → Go to C22 on page 36

If **yes**,

b) How many of the following pets do you have?

| | Number | |
|---|---|-------|
| i) cats | <input type="text"/> <input type="text"/> | |
| ii) dogs | <input type="text"/> <input type="text"/> | |
| iii) rabbits | <input type="text"/> <input type="text"/> | |
| iv) rodents (mice, hamster, gerbil, etc.) | <input type="text"/> <input type="text"/> | |
| v) birds (budgerigar, parrot, etc.) | <input type="text"/> <input type="text"/> | |
| vi) fish | <input type="text"/> <input type="text"/> | |
| vii) turtles | <input type="text"/> <input type="text"/> | |
| viii) other pets (please describe) | <input type="text"/> <input type="text"/> | |

C22. Do any of the following animals or insects inhabit or invade your home or cause dirty conditions in your balcony, garden or yard?

| | Yes frequently | Yes occasionally | No not at all |
|--------------------------------------|------------------------|------------------------|------------------------|
| a) rats | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| b) mice | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| c) pigeons | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| d) cats | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| e) cockroaches | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| f) ants | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| g) dogs | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| h) woodlice | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| i) other (please tick & describe) | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |

.....

SECTION D: HOW DO YOU FEEL?

D1. Below are a number of statements which you may use to describe yourself. Please indicate if you think these apply to you. Each statement applies to how you feel **right now, at this moment**.

| Now: | Doesn't apply | Applies a bit | Moderately applies | Certainly applies |
|---|--------------------------|--------------------------|-------------------------------|------------------------------|
| a) I feel calm | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| b) I feel secure | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| c) I feel tense | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| d) I feel strained | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| e) I feel at ease | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| f) I feel upset | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| g) I am presently worrying over possible misfortunes | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| h) I feel satisfied | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| i) I feel frightened | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| j) I feel comfortable | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| k) I feel self-confident | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| l) I feel nervous | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| m) I am jittery | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| n) I feel indecisive | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| o) I am relaxed | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| p) I feel content | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| q) I am worried | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| r) I feel confused | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| s) I feel steady | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| t) I feel pleasant | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |

About your health

D2. a) Do you have any difficulty in walking?

Yes

No → **If no, go to D2c below**

If yes,

b) Is this due to heart disease or breathing problems?

Yes

No → **If no, please describe cause
and go to D3a below**

Don't know

.....

c) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes

No

d) Do you get short of breath walking with other people of your own age on level ground?

Yes

No

e) Do you have to stop for breath when walking at your own pace on level ground?

Yes

No

f) Are you short of breath on washing or dressing?

Yes

No

D3. a) Have you ever had any pain or discomfort in your chest?

Yes, in
past year

Yes, but
not in
past year

No → **If no, go to D4a
on page 40**

If yes,



go to D3h on page 39

b) Do/did you get this pain or discomfort when you walk uphill or hurry?

Yes

No

c) Do/did you get the pain or discomfort when you walk at an ordinary pace on the level?

Yes

No

D3. d) when you get/got pain or discomfort in your chest what do you do? (Please tick **one** box only)

stop ☐ 1 slow down ☐ 2 continue at the same pace ☐ 3

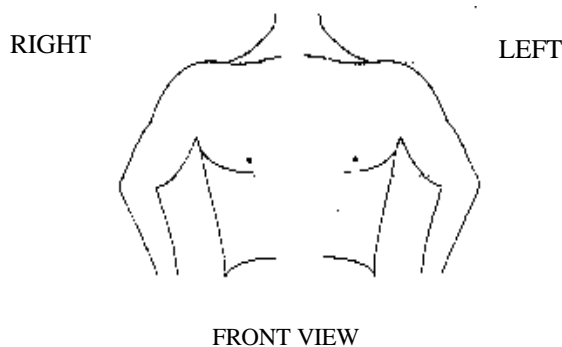
e) does/did it go away when you stand still?

Yes ☐ 1 No ☐ 2 Don't know ☐ 9

f) How soon?

10 minutes or less ☐ 1 More than 10 minutes ☐ 2 Don't know ☐ 9

g) Where do/did you get this pain or discomfort? (Please mark the place(s) with an X on the diagram below) .



h) Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

Yes ☐ 1 No ☐ 2 → If **no**, go to D4a on page 40

If **yes**,

i) Did you talk to a doctor about it?

Yes ☐ 1 No ☐ 2 → If **no**, go to k below

If **yes**,

j) What did they say it was?

.....
.....

k) How many of these attacks have you had?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

D4. a) **Since your study child was born**, how many times have you been pregnant?

| | |
|--|--|
| | |
|--|--|

 times

If **none**, go to D6 on page 43

b) How many of these pregnancies ended as:

| | number | | |
|--|---|--|--|
| (i) miscarriages | <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | |
| (ii) termination because pregnancy was not wanted, or I was unable to cope | <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | |
| (iii) termination for medical reasons | <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | |
| (iv) twins or multiple pregnancy | <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | |
| (v) baby born dead | <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | |
| (vi) baby born alive but died in 1 st month | <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | |
| (vii) baby born alive but died after 1 st month | <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | |
| (viii) children still alive | <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | |
| (ix) other (please describe) | <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | |

.....

D5. a) Have any of these pregnancies occurred in the last 2 years?

Yes

| |
|---|
| 1 |
|---|

 No

| |
|---|
| 2 |
|---|

 → If **no**, go to D6 on page 43

If **yes**,

D5. b) How many different pregnancies in the last 2 years?

c) For these pregnancies please give:

| | 1st pregnancy | 2nd pregnancy | 3rd pregnancy |
|--|---|---|---|
| i) what happened: | <p>miscarriage <input type="text"/></p> <p>abortion/ termination for unwanted pregnancies <input type="text"/></p> <p>termination for problem (please describe) <input type="text"/></p> <p>.....</p> <p>.....</p> <p>still pregnant <input type="text"/></p> <p>baby born <input type="text"/></p> <p>other (please describe) <input type="text"/></p> <p>.....</p> <p>.....</p> | <p>miscarriage <input type="text"/></p> <p>abortion/ termination for unwanted pregnancies <input type="text"/></p> <p>termination for problem (please describe) <input type="text"/></p> <p>.....</p> <p>.....</p> <p>still pregnant <input type="text"/></p> <p>baby born <input type="text"/></p> <p>other (please describe) <input type="text"/></p> <p>.....</p> <p>.....</p> | <p>miscarriage <input type="text"/></p> <p>abortion/ termination for unwanted pregnancies <input type="text"/></p> <p>termination for problem (please describe) <input type="text"/></p> <p>.....</p> <p>.....</p> <p>still pregnant <input type="text"/></p> <p>baby born <input type="text"/></p> <p>other (please describe) <input type="text"/></p> <p>.....</p> <p>.....</p> |
| ii) date of your last menstrual period before the pregnancy (if you remember it) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| iii) please give actual date of delivery or end of pregnancy: (If still pregnant put 77 77 77 77) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| iv) do/did you have any problems? | Yes <input type="text"/> No <input type="text"/> | Yes <input type="text"/> No <input type="text"/> | Yes <input type="text"/> No <input type="text"/> |
| If yes , please describe: | | | |

D5. (cont.)

| | 4th pregnancy | 5th pregnancy | 6th pregnancy |
|--|--|--|--|
| i) what happened: | miscarriage <input type="text" value="1"/> abortion/ termination <input type="text" value="2"/> for unwanted pregnancies termination <input type="text" value="3"/> for problem (please describe) | miscarriage <input type="text" value="1"/> abortion/ termination <input type="text" value="2"/> for unwanted pregnancies termination <input type="text" value="3"/> for problem (please describe) | miscarriage <input type="text" value="1"/> abortion/ termination <input type="text" value="2"/> for unwanted pregnancies termination <input type="text" value="3"/> for problem (please describe) |
| | still <input type="text" value="4"/> pregnant baby born <input type="text" value="5"/> other (please describe) <input type="text" value="6"/> | still <input type="text" value="4"/> pregnant baby born <input type="text" value="5"/> other (please describe) <input type="text" value="6"/> | still <input type="text" value="4"/> pregnant baby born <input type="text" value="5"/> other (please describe) <input type="text" value="6"/> |
| ii) date of your last menstrual period before the pregnancy (if you remember it) | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |
| iii) please give actual date of delivery or end of pregnancy: (If still pregnant put (77 77 77 77)) | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |
| iv) do/did you have any problems? | Yes <input type="text" value="1"/> No <input type="text" value="2"/> | Yes <input type="text" value="1"/> No <input type="text" value="2"/> | Yes <input type="text" value="1"/> No <input type="text" value="2"/> |
| If yes , please describe: | | | |

If more than 6 pregnancies, please describe others on a separate page.

D6. Have you had a D and C (scrape) in the last 2 years?

Yes No Don't know

If no, or don't know, go to D7 below

If yes,

Was this because of:
(tick all that apply)

(i) heavy periods

Yes

No

(ii) painful periods

(iii) fibroids

(iv) termination

(v) infertility

(vi) miscarriage

(vii) don't know

(viii) other
(please describe)

.....

D7. Please give below your present weights and measurements if you know them.

a) weight kg or stones lbs

b) height cm or ft in

c) inside leg measurement cm or in

d) bust cm or in

e) hips cm or in

f) waist cm or in

SECTION E: YOUR OCCUPATION AND LIFESTYLE

E1. a) Since the study child was born have you worked at all? (please tick all that apply).

- no, not at all ☐ 7 → If no, go to Question E8 on page 49
- (i) yes, paid work at home ☐ 1
- (ii) yes, paid work outside home ☐ 1
- (iii) yes, voluntary work ☐ 1

b) have you been working all the time since you started work after the study child was born?

- yes, same job all the time ☐ 1
- yes, but not always the same job ☐ 2
- Now go to E1b(iii) below

- no, stopped & started again ☐ 3
- no, do not work now ☐ 4

↓

i) when did you last stop? month year → If do not work now go to E7 on page

ii) when did you start again? month year

iii) how many jobs are you now doing?

iv) Whether or not you are self-employed, what job(s) are you doing (please describe the job(s) you do and the type of industry/employer(s) you work for). If you are self-employed please also say so.

.....

.....

E1. c) How many hours did you work last week ? hours

(i) Was this a typical week?

Yes ₁ No, usually work more hours ₂ No, usually work less hours ₃

If no, ←

(ii) how many hours in a usual week? hours

d) Does your work include weekends?

Yes, usually ₁ Yes, sometimes ₂ No, never ₃

e) Do you work in the evenings or at night?

Yes, often ₁ Yes, sometimes ₂ No ₃

f) How would you describe the physical effort you need for your current job(s)?

very little effort, mostly sitting ₁

some physical effort ₂

quite a lot of physical effort ₃

considerable physical effort ₄

g) Do you usually work:

the basic no. of hours per week ₁

basic hours plus paid overtime ₂

longer than basic hours (but not paid extra) ₃

self-employed - as long as necessary ₄

E1. h) Which of the following best describes how you are paid in your present job?

| | | | | | |
|------------------------------------|----------------------|----------------------------|----------------------|----------------|----------------------|
| Monthly salary plus performance | <input type="text"/> | Monthly salary only | <input type="text"/> | weekly wage | <input type="text"/> |
| Hourly paid | <input type="text"/> | Piecework | <input type="text"/> | | |
| Self-employed | <input type="text"/> | Other (please describe) | <input type="text"/> | | |

i) Are you on a recognised pay scale with increments, either automatic or performance related?

| | | | | | |
|-----|----------------------|----|----------------------|------------|----------------------|
| Yes | <input type="text"/> | No | <input type="text"/> | Don't know | <input type="text"/> |
|-----|----------------------|----|----------------------|------------|----------------------|

j) If you decided to leave your job, how much notice are you officially required to give?

| | | | | | |
|-----------------------|----------------------|---------------------------------|----------------------|------------------|----------------------|
| Less than one week | <input type="text"/> | 1, 2 or 3 weeks | <input type="text"/> | 1 or 2 months | <input type="text"/> |
| 3 months or more | <input type="text"/> | not relevant (self-employed) | <input type="text"/> | Don't know | <input type="text"/> |

k) In your sort of work, are there opportunities for promotion either in your current organisation or by changing employers?

| | | | | | |
|-----|----------------------|----|----------------------|------------|----------------------|
| Yes | <input type="text"/> | No | <input type="text"/> | Don't know | <input type="text"/> |
|-----|----------------------|----|----------------------|------------|----------------------|

l) Who decides what time you start and leave work?

| | | | |
|------------------------------------|----------------------|-----------------------------|----------------------|
| Flexitime system | <input type="text"/> | Employer decides | <input type="text"/> |
| I decide, within certain limits | <input type="text"/> | Negotiated with employer | <input type="text"/> |

m) Does your job require you to design and plan important aspects of your own work, or is your work largely specified for you?

| | | | | | |
|---|----------------------|--|----------------------|-------|----------------------|
| I am required to design/plan my work | <input type="text"/> | Work is largely specified by others | <input type="text"/> | Other | <input type="text"/> |
|---|----------------------|--|----------------------|-------|----------------------|

E1. n) How much influence do you personally have in deciding what tasks you are to do?

| | | | |
|--------------|--------------------------------|---------------|--------------------------------|
| A great deal | <input type="text" value="1"/> | A fair amount | <input type="text" value="2"/> |
| Not much | <input type="text" value="3"/> | None | <input type="text" value="4"/> |

E2. What are the main reasons you work? (tick all that apply)

| | Yes |
|---|--------------------------------|
| a) financial, I am important as a breadwinner | <input type="text" value="1"/> |
| b) financial, for family extras | <input type="text" value="1"/> |
| c) career | <input type="text" value="1"/> |
| d) enjoyment | <input type="text" value="1"/> |
| e) to get out of the home | <input type="text" value="1"/> |
| f) other (please tick & describe) | <input type="text" value="1"/> |

.....

E3. Are you working at the same status as you did before the study child was born?

| | |
|--------------------|--------------------------------|
| didn't work before | <input type="text" value="7"/> |
| no, lower level | <input type="text" value="1"/> |
| yes, same level | <input type="text" value="2"/> |
| no, higher level | <input type="text" value="3"/> |

E4. Do you find your job satisfying?

| | | | | | |
|-----|--------------------------------|----|--------------------------------|-----------|--------------------------------|
| Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | Sometimes | <input type="text" value="3"/> |
|-----|--------------------------------|----|--------------------------------|-----------|--------------------------------|

E5. Do you wish that you could generally spend more time with your study child?

| | |
|-----------------|--------------|
| yes, often | <div>1</div> |
| yes, sometimes | <div>2</div> |
| yes, but rarely | <div>3</div> |
| no, not at all | <div>4</div> |

E6. a) How do you usually travel to work? (Tick all that apply)

| | | | |
|----------------------------------|--------------|---------------------|------------------|
| | Yes | Work at home | |
| i) public transport (bus, train) | <div>1</div> | <div>7</div> | → Go to E7 below |
| ii) car | <div>1</div> | | |
| iii) cycle | <div>1</div> | | |
| iv) walk | <div>1</div> | | |
| v) other | <div>1</div> | | |

b) How long does it usually take:

| | | | | |
|------------------------------|------------------------------|-----------------------|-----------------------|----------------------------|
| | Less than 15 mins | 15-29 mins | 30-59 mins | An hour or more |
| i) to travel to work | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| ii) to travel home from work | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |

E7. Please list all jobs you have had since your study child’s 5th birthday, apart from your present job, if you are currently working.

| Age of child at start of job | Job | Hours worked in usual week |
|---------------------------------|-------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

If you are working now please go to Question E9 below

If you are not working:

E8. Have you chosen not to work so that you can stay at home with your children?

No

Yes → If yes, go to E9 below

If no,

a) Have you been looking for work? Yes No → If no, go to E8c below

If yes

b) How long have you been seeking work? months → now go to E9 below

c) If you have not been looking for work, please give reasons (tick all that apply):

(i) do not want to work

(iv) not well enough

(ii) looking after family

(v) other (please tick & describe)

(iii) on maternity leave

.....

E9. How many cigarettes per day do you currently smoke ?

30 or more

25-29

20-24

15-19

10-14

5-9

1-4

none

pipe only

cigars only

E10. How difficult at the moment do you find it to afford these items:

| | | Very difficult | Fairly difficult | Slightly difficult | Not difficult | Don't pay for this |
|----|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| a) | food | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| b) | clothing | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| c) | heating | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| d) | rent or mortgage | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| e) | things you need for your children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| f) | costs of educational courses (e.g. ballet, music, etc.) | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| g) | medical or dental care | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| h) | child care | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| i) | something else (please tick and describe) | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | | |

.....

E11. a) On average, about how much is the take-home family income each week (include social benefits etc.)?

| | | | | | |
|----------------|--------------------------------|--------------|--------------------------------|-------------|--------------------------------|
| less than £100 | <input type="text" value="1"/> | £100 - £199 | <input type="text" value="2"/> | £200 - £299 | <input type="text" value="3"/> |
| £300 - £399 | <input type="text" value="4"/> | £400 or more | <input type="text" value="5"/> | don't know | <input type="text" value="9"/> |

b) Out of this, how much do you pay for rent, loans or mortgage each week?

| | | | | | | | |
|-----------|--------------------------------|---------------|--------------------------------|-----------|--------------------------------|------------|--------------------------------|
| nothing | <input type="text" value="1"/> | less than £20 | <input type="text" value="2"/> | £20 - £39 | <input type="text" value="3"/> | £40 - £59 | <input type="text" value="4"/> |
| £60 - £79 | <input type="text" value="5"/> | £80-£99 | <input type="text" value="6"/> | £100+ | <input type="text" value="7"/> | don't know | <input type="text" value="9"/> |

E11. c) About how much do you spend on electricity, gas, water, and telephone each week?

| | | | | | | | |
|---------------|--------------------------------|-------------|--------------------------------|------------|--------------------------------|-----------|--------------------------------|
| less than £20 | <input type="text" value="1"/> | £20 - £29 | <input type="text" value="2"/> | £30 - £39 | <input type="text" value="3"/> | £40 - £49 | <input type="text" value="4"/> |
| £50 - £59 | <input type="text" value="5"/> | £60 or more | <input type="text" value="6"/> | don't know | <input type="text" value="9"/> | | |

d) About how much do you spend on food for the whole family each week?

| | | | | | | | |
|---------------|--------------------------------|------------|--------------------------------|-----------|--------------------------------|-----------|--------------------------------|
| less than £20 | <input type="text" value="1"/> | £20 - £29 | <input type="text" value="2"/> | £30 - £39 | <input type="text" value="3"/> | £40 - £49 | <input type="text" value="4"/> |
| £50 - £59 | <input type="text" value="5"/> | £60-£69 | <input type="text" value="6"/> | £70 - £79 | <input type="text" value="7"/> | | |
| £80 or more | <input type="text" value="8"/> | don't know | <input type="text" value="9"/> | | | | |

e) About how much do you spend on clothing, hobbies, and entertainment each week?

| | | | | | | | |
|---------------|--------------------------------|-------------|--------------------------------|------------|--------------------------------|-----------|--------------------------------|
| less than £20 | <input type="text" value="1"/> | £20 - £29 | <input type="text" value="2"/> | £30 - £39 | <input type="text" value="3"/> | £40 - £49 | <input type="text" value="4"/> |
| £50 - £59 | <input type="text" value="5"/> | £60 or more | <input type="text" value="6"/> | don't know | <input type="text" value="9"/> | | |

f) About how much do you spend on child care each week (e.g. after-school club, sitters)?

| | | | | | | | |
|-----------|--------------------------------|---------------|--------------------------------|--------------|--------------------------------|----------|--------------------------------|
| nothing | <input type="text" value="1"/> | less than £20 | <input type="text" value="2"/> | £20- £39 | <input type="text" value="3"/> | £40 -£59 | <input type="text" value="4"/> |
| £60 - £79 | <input type="text" value="5"/> | £80-£99 | <input type="text" value="6"/> | £100 or more | <input type="text" value="7"/> | | |
| varies | <input type="text" value="8"/> | don't know | <input type="text" value="9"/> | | | | |

g) Do you manage to save at all? Yes

h) Do you receive any financial help from your parents, other relatives or friends?

Yes No

i) Do you help your parents, other relatives or friends financially?

Yes No

E12. How much help would you say you had nowadays:

| | Too much help | Right amount of help | Too little help |
|------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| a) with housework | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| b) with looking after the children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

E13. How many hours sleep do you get altogether now?

| | None | 1 - 3 hours | 4 - 5 hours | 6 - 7 hours | More than 7 hours |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| a) during an average night | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| b) during an average day | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |

c) Do you feel that you are getting enough sleep?

Yes No

E14. In the past 2 years have you taken any courses or educational training?

| | Yes | No |
|-----------------------------------|--------------------------------|--------------------------------|
| a) training within my job | <input type="text" value="1"/> | <input type="text" value="2"/> |
| b) evening classes | <input type="text" value="1"/> | <input type="text" value="2"/> |
| c) University course | <input type="text" value="1"/> | <input type="text" value="2"/> |
| d) other (please tick & describe) | <input type="text" value="1"/> | <input type="text" value="2"/> |

.....

E15. a) Do you, in your spare time, belong to any organisations or groups of people (e.g. choir, gardening club, sports club, charity fund raising etc.)?

Yes No

E15. i) **If yes, please describe:**

.....

.....

b) Are you on any committees?

Yes

No

E16. During the past year, on average how often did you spend time doing the following?

| | Never ↓ | Once a month or less | Once a week or less | Once times a a week | 2-3 times times a week | 4-5 ↓ | Most days |
|---|------------------------|----------------------------|---------------------------|---------------------------|------------------------------|------------------------|-----------|
| a) hiking or walking including walking to work, walking the dog | <input type="text"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> 5 | <input type="text"/> 6 | |
| b) jogging (slower than 10 mins a mile) | <input type="text"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> 5 | <input type="text"/> 6 | |
| c) running (10 mins a mile or faster) | <input type="text"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> 5 | <input type="text"/> 6 | |
| d) cycling (including cycling machine) | <input type="text"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> 5 | <input type="text"/> 6 | |
| e) keep fit, aerobics, step aerobics, etc. | <input type="text"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> 5 | <input type="text"/> 6 | |
| f) tennis, squash, badminton etc. | <input type="text"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> 5 | <input type="text"/> 6 | |
| g) swimming | <input type="text"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> 5 | <input type="text"/> 6 | |
| h) other energetic leisure activity, e.g. gardening | <input type="text"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> 5 | <input type="text"/> 6 | |

E17. On average how many hours per day do you spend doing the following?

| | Weekday | | | Weekend day | | |
|-------------------------------|----------------------|----------------------|-------------------------|----------------------|----------------------|-------|
| a) standing or walking | <input type="text"/> | <input type="text"/> | hours (If none put 00) | <input type="text"/> | <input type="text"/> | hours |
| b) sitting, including driving | <input type="text"/> | <input type="text"/> | hours (If none put 00) | <input type="text"/> | <input type="text"/> | hours |
| c) watching television | <input type="text"/> | <input type="text"/> | (If none put 00) | <input type="text"/> | <input type="text"/> | |

E18. What is your usual walking pace?

| slow | casual pace | average pace | brisk pace | unable to walk |
|----------------------|----------------------|----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1 | 2 | 3 | 4 | 5 |

E19. How many flights of stairs (from one floor to the next) do you climb up daily?
(If you climb up the same flight 3 times, count this as 3).

| | |
|------------------------------|----------------------------|
| No flights | <input type="text"/> |
| 1-2 flights of stairs | <input type="text"/> |
| 3-4 flights of stairs | <input type="text"/> |
| 5-9 flights of stairs | <input type="text"/> |
| 10-14 flights of stairs | <input type="text"/> |
| 15 or more flights of stairs | <input type="text"/> |
| | 1 2 3 4 5 6 |

E20. How much time do you spend with your children on average?

a) watching TV together?

| | None | Less than 30 minutes | 30-60 minutes | 1-2 hours | 3 hours or more |
|-------------------|----------------------|---------------------------------|--------------------------|----------------------|----------------------------|
| (i) weekdays | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | 1 | 2 | 3 | 4 | 5 |
| (ii) weekend days | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | 1 | 2 | 3 | 4 | 5 |

E20. b) interacting with children (e.g. singing, reading to one another, helping with homework)

| | None | Less than 30 minutes | 30-60 minutes | 1-2 hours | 3 hours or more |
|-------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| (i) weekdays | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| (ii) weekend days | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |

c) do you think this is enough time?

No

yes

If **yes**, go to F1 on page 56

If **no**, why is this? (tick all that apply)

| | | |
|--|--------------------------------|-------|
| (i) because of job | <input type="text" value="1"/> | |
| (ii) because of demands of partner | <input type="text" value="1"/> | |
| (iii) because of studying | <input type="text" value="1"/> | |
| (iv) because of housework | <input type="text" value="1"/> | |
| (v) other reason (please tick & describe) | <input type="text" value="1"/> | |

SECTION F: DRINKS

F1. How many times a week nowadays do you drink:

| | Never or rarely | Once in 2 weeks | 1-3 times a week | 4-7 times a week | More than once a day |
|--|--------------------------------|--------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| a) Fruit juice from a carton, tin or freshly squeezed, including tomato juice | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| b) Squash, fruit drinks or Ribena | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| c) Cola drinks (e.g. Coca Cola, Pepsi etc.) | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| d) Other fizzy drinks(e.g. lemonade, fizzy water) | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| e) Bottled water on its own | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| f) Water from tap, on its own | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| g) Milk on its own | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |
| h) Flavoured milk drinks (e.g. Horlicks, Ovaltine, milkshakes) or yoghurt drinks | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> |

F2. When you have a soft drink (e.g. lemonade, cola or squash) how often do you choose low calorie or diet soft drinks?

| | |
|-------------------------|--------------------------------|
| always | <input type="text" value="1"/> |
| sometimes | <input type="text" value="2"/> |
| not at all | <input type="text" value="3"/> |
| don't drink soft drinks | <input type="text" value="4"/> |

F3. When you have a cola drink how often do you choose decaffeinated cola?

- | | |
|------------------|----------------------|
| always | <input type="text"/> |
| sometimes | <input type="text"/> |
| not at all | <input type="text"/> |
| don't drink cola | <input type="text"/> |

F4. a) How many cups of tea do you drink in a day?
(do not include herbal teas)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

b) How many spoons of sugar in each cup?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

c) How many cups per day are with milk?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

d) How many cups per day are decaffeinated?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

F5. a) How many cups of coffee do you drink in a day?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

b) How many spoons of sugar in each cup?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

c) How many cups per day are with milk ?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

d) How many cups per day are decaffeinated?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

e) How many are made with real (not instant) coffee?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

F6. a) Do you drink herbal teas at all?

yes, often

yes, occasionally

no, not at all



**If no, go to
F7 on page 58**

If yes,

b) how many cups/mugs of herbal teas have you drunk in the past week?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

c) Please list the types of herbal teas you have drunk in the past 3 months:

.....

F7. Did you drink any alcohol last week?

Yes

No



If **no**, go to G1
on page 60

If **yes**,

- a) During last week **how many** of each type of alcoholic drink did you have on each day? (Please put a number in each box. If **nothing**, write 0 in the box.)

| | | Mon. | Tues. | Wed. | Thurs. | Frid. | Sat. | Sun. |
|-------|---|------|-------|------|--------|-------|------|------|
| (i) | Beer, lager or cider (no. of ½ pints) | | | | | | | |
| (ii) | Wine (no. of glasses) | | | | | | | |
| (iii) | Spirits (no. of single pub measures) | | | | | | | |
| (iv) | Other alcoholic drinks (please describe) (no. of glasses or measures) | | | | | | | |
| (v) | Low alcohol drink (no. of glasses or ½ pints) | | | | | | | |

- b) Is this last week fairly typical of your alcohol drinking?

No

Yes



If **yes**, go to G1 on page 60

- c) If **no**, would you normally drink:

More

Less

THANK YOU VERY MUCH FOR YOUR HELP

SECTION G:

G1. This questionnaire was completed by:

| | Yes | No |
|--------------------------------------|------------------------------------|------------------------------------|
| a) child's biological mother | <div><div>1</div><div></div></div> | <div><div>2</div><div></div></div> |
| b) child's mother-figure | <div><div>1</div><div></div></div> | <div><div>2</div><div></div></div> |
| c) someone else (please describe) | <div><div>1</div><div></div></div> | <div><div>2</div><div></div></div> |

.....

G2. Please give the date on which you completed this questionnaire
day month year

G3. Please give your date of birth:

day

month

year

19

G4. Please give your study child's date of birth

day

month

year

199

Space for any additional comments you would like to make.

When completed, please return the questionnaire to:

**Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol, BS8 1BR**

Tel: Bristol 9285007

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For office use only:

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